



State of Washington
Application for a Water Right Permit

☐ SURFACE WATER ☒ GROUND WATER
☒ Permanent ☐ Temporary ☐ Short Term

For Ecology Use
(Date Stamp)

8 MAR 11 A7:36

DEPT. OF ECOLOGY
FISCAL & BUDGET

Follow the attached instructions. Attach additional sheets as necessary.

A NON-REFUNDABLE MINIMUM FEE OF \$50.00 PAYABLE TO
THE DEPARTMENT OF ECOLOGY MUST ACCOMPANY THIS APPLICATION.

Section 1. APPLICANT

| | | |
|---|-----------------------------|-----------------------------|
| Applicant/Business Name: DEXTER DEVELOPMENT CO., INC. | Phone No: (360) 668-0201 | Other No: (360) 267-6304 |
| Address: P.O. BOX 130 | | |
| City: TOKELAND | State: WA | Zip: 98590 |
| Email Address (optional): kpafrank@version.net | | |

| | | |
|---|-----------------------------|-----------------------------|
| Contact Name (if different from above): Mr. FRANK POREMBSKI | Phone No: (360) 668-0201 | Other No: (360) 267-6304 |
| Relationship to Applicant: BOARD PRESIDENT | | |
| Address: P.O. BOX 130 | | |
| City: TOKELAND | State: WA | Zip: 98590 |
| Email Address (optional): | | |

Section 2. STATEMENT OF INTENT

Briefly describe the purpose of your proposed project: DEXTER BY THE SEA is a 100-lot subdivision with current water right of 19.2 acre feet per year with pumping rate of 12 gallons per minute. Based on 309.1 gallons per day per equivalent residential unit (ERU) in Tokeland, the water right required to serve 100-lot is 34.2 acre-feet per year. The preferred pumping rate is 136 gallons per minute that equals the peak hourly demand for the system. The request is for additional annual water right of 15 acre-feet with pumping rate of 124 gallons per minute.

Anticipated length of time to complete your project: Existing subdivision.

Water Use List all purposes for which water will be applied to a beneficial use and list quantity required for each.

| Purpose(s) of Use | Rate (check one box only) <input type="checkbox"/> Cubic Feet per Second (CFS) <input checked="" type="checkbox"/> Gallons per Minute (GPM) | Acre-Feet per Year (AF/YR) (If known) | Period of Use (Continuously or Seasonal) |
|----------------------------|---|--|---|
| Domestic use | 124 gallons per minute | 15 AF/YR | Continuously |
| Domestic use (Current use) | 12 gallons per minute (Current rate) | 19.2 AF/YR (Current Amount) | Continuously |
| | | | |
| | | | |
| TOTAL: | 136 gallons per minute | 34.2 AF/YR | |

Short Term/Temporary Water Use

| | |
|------------------------------------|--|
| For Ecology Use | APPLICATION NO: <u>G2-30461</u> SEPA: Exempt/Not Exempt |
| Fee Paid: <u>✓</u> Check No: _____ | ECY Coding: 001-001-WR1-0285-000011 |
| Date Returned: _____ Rv _____ | Priority Date: <u>3/11/08</u> Rv <u>SC</u> WRIA: <u>24</u> |

Is this a request for a short term project (less than four months and non-recurring)? ☐ YES ☒ NO

Is this request for a temporary permit? ☐ YES ☒ NO

If yes to either question above, indicate the dates that the water will be needed:

FROM: ____/____/____ TO: ____/____/____

| | | | | | | |
|-----------------|-----------------------|---------------|-----------------|------|-------------------------------------|--|
| For Ecology Use | APPLICATION NO: _____ | | | | SEPA: Exempt/Not Exempt | |
| | Fee Paid: _____ | | Check No: _____ | | ECY Coding: 001-001-WR1-0285-000011 | |
| Date Returned | Rv | Priority Date | Rv | WRIA | | |

Section 3. POINT OF DIVERSION OR WITHDRAWAL

Complete A or B, and C below

| | |
|---|---|
| A.) If Surface Water Source | B.) If Ground Water Source |
| <input type="checkbox"/> Spring <input type="checkbox"/> Creek <input type="checkbox"/> River <input type="checkbox"/> Lake | <input checked="" type="checkbox"/> Well(s) <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Other: _____ | _____ |
| Source Name: _____ | Well diameter & depth: <u>6" & 200 feet</u> |
| Tributary to: _____ | Number of proposed points of withdrawal: <u>1</u> |
| Number of proposed diversion points: _____ | Do you have an existing well? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |
| Do you have an existing diversion? <input type="checkbox"/> YES <input type="checkbox"/> NO | If available, attach Water Well Report and pump test. |
| | Well Tag ID No. <u>A.5988</u> |

C.) Point of Diversion/Withdrawal – Legal Description

| | | | | | | |
|-------------|----------|----|-------------------|----------|-------|---------|
| Parcel No. | ¼ | ¼ | Section | Township | Range | County |
| 78008004015 | NW | NW | 11 | 14 | 11 W | PACIFIC |
| Lot(s) | Block(s) | | Subdivision | | | |
| 15 | 4 | | DEXTER BY THE SEA | | | |

If known, enter the distances in feet from the point of diversion or withdrawal to the nearest section corner:
_____ Feet (☐ North/☐ South) and _____ feet (☐ East/☐ West)
from the (☐NW ☐SW ☐NE ☐SE ☐ _____) corner of Section _____.

| | | | | | | |
|------------|----------|---|-------------|----------|-------|--------|
| Parcel No. | ¼ | ¼ | Section | Township | Range | County |
| | | | | | | |
| Lot(s) | Block(s) | | Subdivision | | | |
| | | | | | | |

If known, enter the distances in feet from the point of diversion or withdrawal to the nearest section corner:
_____ feet (☐ North/☐ South) and _____ feet (☐ East/☐ West)
from the (☐NW ☐SW ☐NE ☐SE ☐ _____) corner of Section _____.

NOTE: If more than two points of diversion/withdrawal attach additional information on a separate sheet of paper.

Do you own the land on which the proposed point of diversion/withdrawal is located? ☒ YES ☐ NO
If no, do you have legal authority to make this application for use of another's land? ☐ YES ☐ NO
Provide the owner name(s), address, and phone number: DEXTER DEVELOPMENT COMPANY, INC.
P.O. BOX 130, TOKELAND, WASHINGTON 98590

Section 4. PLACE OF USE

Attach a copy of the legal description of the property (on which the water will be used) taken from a real estate contract, property deed or title insurance policy, or copy it carefully in the space below.

| | | | | | | |
|---|---|---------|------|-------|--------|------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| ¼ | ¼ | Section | Twp. | Range | County | Parcel No. |
| | | | | | | |

Do you own all the lands on which the proposed place of use is located? ☐ YES ☒ NO.

If no, do you have legal authority to make this application for use of another's land? ☒ YES ☐ NO
Provide owner name(s), address, and phone number: ATTACHED, PLEASE FIND NAME, ADDRESS AND PHONE NUMBER OF EACH LOT OWNER.

Are there any other water rights or claims associated with this property or water system? ☒ YES ☐ NO
If yes, provide the water right and/or claim numbers: GROUND WATER PERMIT 5712, CERTIFICATE RECORD NO. 9, PAGE 4472-A

Attach a map of your project showing the point of diversion/withdrawal and place of use. If platted property, be sure to include a complete copy of the plat map.

Section 5. WATER SYSTEM DESCRIPTION

Describe your proposed water system (include type and size of devices used to divert or withdraw water from source): CURRENTLY, THE SYSTEM HAS 19.2 AF/YR WITH A PUMPING RATE OF 12 GPM. BASED ON 100 LOT SUBDIVISION, THE WATER NEEDED TO SERVE 100 ERUS IS 34.2 AF/YR WITH A PEAK HOURLY DEMAND OF 136 GPM. THE PROPOSED SYSTEM CONSISTS OF MAXIMUM WITHDRAWAL RATE OF 136 GPM USING A ABOVE GROUND PUMP CAPABLE OF PUMPING AT THE PEAK HOURLY DEMAND. AN INTER-TIE WITH SHOALWATER TRIBE'S WATER SYSTEM WOULD PROVIDE A BACKUP SYSTEM THAT WOULD BE CAPABLE OF SERVING FIREFLOW NEEDS. IF THE INTER-TIE OPTION IS NOT FEASIBLE, THEN THE SYTEM WILL INSTALL STORAGE TANKS TO MEET FIRE FLOW NEEDS.

Section 6. DOMESTIC WATER SUPPLY SYSTEM INFORMATION

Complete A or B, and C below

| A.) Domestic Water Systems only | B.) Municipal Water Systems only (defined under RCW 90.03.015) |
|---|--|
| Projected number of connections to be served: <u>100</u> | Present population to be served water: _____ |
| Type of connections: <u>99 RESIDENTIAL, 1 POST OFFICE</u> (e.g., home, recreational cabin) | Estimate future population to be served: _____ (20 year projection) |
| C.) Water System Planning | |
| Do you have a Water System Plan approved by the Washington State Department of Health, Drinking Water Division? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | |
| If yes, date plan was approved ____/____/____ Water System Number: _____ | |
| Name of water system: <u>DEXTER BY THE SEA</u> | |
| Are you within the service area of an existing water system? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | |
| If yes, explain why you are unable to connect to the system: _____ | |
| _____ | |
| _____ | |

Section 7. IRRIGATION/STOCKWATER/OTHER FARM USES

Irrigation

Total number of acres requested to be irrigated under this application = _____ ACRES

NOTE: Outline the area to be irrigated on your attached map.

Stockwater

List number and kind of stock: _____

Is the proposed project for a dairy farm? ☐ YES ☐ NO

Other Proposed Farm Uses

Describe all proposed uses: _____

Family Farm Water Act (RCW 90.66):

Calculate the acreage in which you have a controlling interest, including only:

- Acreage irrigated under water rights acquired after December 8, 1977,
- Acreage proposed to be irrigated under this application, and
- Acreage proposed to be irrigated under other pending application(s).

Is the combined acreage under existing rights greater than 6000 acres? ☐ YES ☐ NO

Do you have a controlling interest in a Family Farm Development Permit? ☐ YES ☐ NO

If yes, enter Permit No: _____

Section 8. OTHER WATER USES

Hydropower

Indicate total feet of head _____ and proposed capacity in kilowatts: _____

Describe works: _____

Indicate all uses to which power is to be applied: _____

FERC License No: _____

Mining/Industrial Use

Describe use, method of supplying and utilizing water: _____

Other Use

Section 9. WATER STORAGE

Will you be using a dam, dike, or other structure to retain or store water? ☒ YES ☐ NO

Are you proposing to store more than 10 acre-feet of water? ☐ YES ☒ NO

Will the water depth be 10 feet or more? ☒ YES ☐ NO

If you answered yes to any of the above questions, please describe: STORAGE TANK MAY BE REQUIRED FOR
EQUALIZING STORAGE, STAND BY STORAGE AND FIRE SUPPRESSION STORAGE IF INTER-TIE
OPTION IS NOT FEASIBLE AND PUMPING RATE IS BELOW 136 GPM.

NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point and some portion of the storage will be above grade, you must also complete an Application for Permit to Construct a Reservoir and a Dam Construction Permit and Application.

Section 10. DRIVING DIRECTIONS

Provide detailed driving directions to the project site: STARTING FROM OLYMPIA: TAKE ABERDEEN EXIT
OFF I-5 AND GO WEST ON SR 8 TO ABERDEEN. STAY ON LEFT HAND LANE AND TURN LEFT AT
THE INTERSECTION OF HERON/"G" STREET. GO OVER THE CHEHALIS RIVER BRIDGE AND STAY
ON RIGHT HAND THROUGH LANE THAT LEADS TO SR 105. GO WEST ON SR 105 TO WESTPORT.
TURN LEFT AT THE INTERSECTION OF SR 105/FORREST STREET IN WESTPORT. FOLLOW THE
SIGNS TO TOKELAND. TURN RIGHT

Site Address: _____

Section 11. REQUIRED SIGNATURES

I certify that the information provided in this application is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though the employees of the Department of Ecology may have assisted me in the preparation of the above application, all responsibility for the accuracy of the information rests with me, the applicant.

By Frank P. Prembski [Signature] 3/3/07
Print Name Signature Date
(Applicant or authorized representative)

Print Name Signature Date
(Landowner of Place of Use)

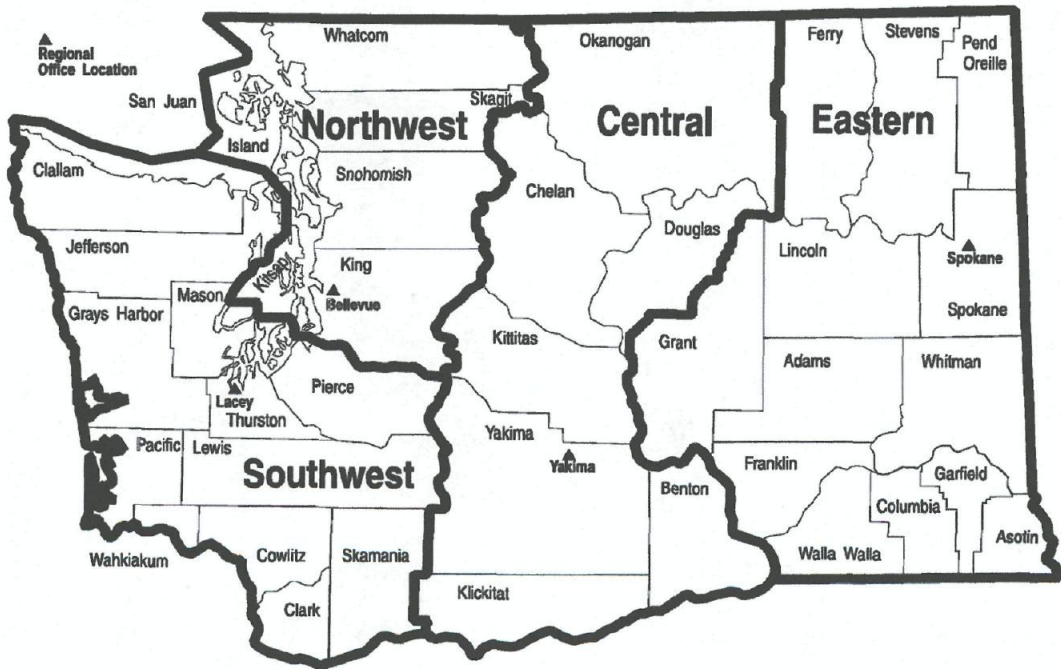
Print Name Signature Date
(Landowner of Place of Use)

Print Name Signature Date
(Landowner of Place of Use)

Submit your application to: DEPARTMENT OF ECOLOGY
CASHIERING SECTION
PO BOX 5128
LACEY WA 98509-5128

Please check the region in which your proposed project is located.
☒ Southwest ☐ Northwest ☐ Central ☐ Eastern

Below is a map of the State of Washington, with outlines of the four Ecology regional offices. If you have questions about your application, contact the Water Resources program at the regional office in which your project is located.



Southwest Regional Office: 360-407-6300
Northwest Regional Office: 425-649-7000
Central Regional Office: 509-575-2490
Eastern Regional Office: 509-329-3400

If you need this document in an alternate format, please call the Water Resources Program at 360-407-6600. Persons with hearing loss can call 711 for Washington Relay Service. Persons with a speech disability can call 877-833-6341